MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/59842/

FILING DATE

APPLICANT(S)

CLAIMS

	AS F	AS FILED IND. DEP.		AFTER 1 AMENDMENT		AFTER 2 MAMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL CLAIMS	12	17.25			F	§ 3	